



AF/1635

Docket No. 21327-0701 US1

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: April 7, 2003

Name of Person Certifying: Nancy Hine

Printed Name:

Nancy Hine

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gill et al.
Filing Date: January 19, 2000
Serial No.: 09/487,023
Title:

Assignee: Not Assigned
Examiner: McGarry, Sean
Group Art Unit: 1635

**METHOD AND COMPOSITIONS FOR TREATMENT
OF KAPOSI'S SARCOMA**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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RESPONSE & FEE TRANSMITTAL

Sir:

This is in response to the Office Action mailed on February 6, 2003 ("Office Action" or "Paper No. 13"). Enclosed herewith for filing are the following:

- ☐ A Response/Amendment [] page(s)
- ☐ A Response to Restriction Requirement under 35 USC § 121 [] page(s)
- ☐ A Response Under 37 CFR § 1.111 [] pages
- ☒ A Response Under 37 CFR § 1.116 [13] pages
- ☐ Other _____ [] page(s)

Also included are:

- ☐ Authorization for Extension of Time [] month(s)
See Page 2 for Deposit Account Withdrawal Authorization
- ☐ Information Disclosure Statement
[] page(s) of PTO-1449 [] copies of IDS citations
- ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- ☐ Other: _____

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Fee Calculation						
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	15	20	-0-	× \$18.00	× \$9.00	\$ -0-
Independent claims	1	3	-0-	× \$84.00	× \$42.00	\$ -0-
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$280.00	\$140.00	\$ -0-
Petition for Extension of Time Fee (___ months)						\$ -0-
OTHER FEES _____ (specify)						\$ -0-
TOTAL FEES =						\$ -0-

- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☐ Please charge Deposit Account No. **50-2518**, Docket No. _____, in the amount of \$ _____ to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **50-2518**, Docket No. **21327-0701 US1**. *A duplicate copy of this sheet is enclosed.*

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NOTICE OF FIRM NAME CHANGE

Agent for Applicant wish to inform the Office that McCutchen, Doyle, Brown & Enersen LLP has been changed to Bingham McCutchen LLP.

DATE: April 7, 2003

Respectfully submitted,

By: _____


Chris J. Ullsperger, Ph.D.
Registration No.: 48,006

Bingham McCutchen LLP
Three Embarcadero Center, Suite 1800
San Francisco, California 94111
Telephone: (415) 393-2000
Telefax: (415) 393-2286

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